FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 07, 2003 8:00 am
Secretary of State
05-09-2003 90156 042 ***158.75

DOCUMENT # P02000060903

1. Entity Name TIOS"S CELLULARS, INC.
6701 NW 84 Ave
Miami FL 33166

(L)

44005410

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6701 NW 84 Ave	6701 NW 84 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami FL 33166	City & State: Miami FL 33166
Zip: 33166 Country: USA	Zip: 33166 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0706532 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: NELSON I DIAZ

Street Address (P.O. Box Number is Not Acceptable): 3501 SW 107 Ave

City: Miami FL Zip Code: 33165

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	Yamin, Roberto
STREET ADDRESS	5572 NW 114 Ave #101
CITY-ST-ZIP	Miami FL 33178
TITLE	TS
NAME	Lugo, Deyanira
STREET ADDRESS	5572 NW 114 Ave # 101
CITY-ST-ZIP	Miami FL 33178
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ ROBERTO YAMIN PRESIDENT 04/25/03 (305) 775 3847
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #